

● PRINTER RUSH ●
(PTO ASSISTANCE)

Application :	09/916053	Examiner :	Zirker, D
From:	S.G.C.	Location:	<input checked="" type="checkbox"/> IDC FMF FDC
		Date:	03-08-05
		Tracking #:	06062741
		Week Date:	01-03-05

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> CLM	06-18-2003	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

<p>[RUSH] MESSAGE: <u>Improper Dependency: Original Claim 14 depends upon canceled original claim 7; Please Resolve.</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

<p>[XRUSH] RESPONSE: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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INITIALS:

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.

REV 10/04